

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-13-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that unlisted therapeutic procedures, vasopneumatic devices, physical medical procedure and level II and Level III office visits from 1-13-04 through 1-27-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-14-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Neither the carrier nor the requestor provided EOB's for CPT code 99212 for 1-13-04. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to 133.307 (e)(2)(B). **No reimbursement recommended.**

This Finding and Decision is hereby issued this 17th day of March 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 10, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-1426-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Usual IRO referral forms and information including the table of disputed dates of service
- Letter of medical necessity for disputed dates of service dated 12/10/04 from Dr. Weddle, D.C.
- Prescription (unsigned) for spinal decompression via DRX from Liberty Healthcare Physical Medicine and Rehabilitation Center
- Treatment plan note for dates 1/2/04 through 1/23/04 from Dr. Weddle
- Multiple daily treatment notes for the disputed dates 1/9/04 through 1/27/04
- Re-examination note of 1/27/04

Submitted by Respondent:

- None

Clinical History

According to the documentation submitted for review, the claimant fell from a truck while unloading a concrete saw. The documentation is a little conflicting with respect to the exact mechanism of injury. He may have been lifting the concrete saw when he suffered back pain; however, it appears that he fell onto his low back and buttock region. The claimant reportedly went through the usual physical therapy, chiropractic care, injections and medical referral. This reportedly resulted in no lasting improvement and in a last ditch effort before surgery, the claimant was referred for a decompression of the lumbar spine via a DRX system. The claimant was reportedly scheduled for a designated doctor evaluation in the first two weeks of January 2005; however, I do not have that report for review. The claimant reportedly had a 2mm L4/5 and L5/S1 posterior herniation which did not compress the thecal sac. There was no mention of any type of neurological stenosis from these 2mm central herniations. The claimant reportedly went through work hardening as well. The claimant was put on a 2 week trial of the DRX lumbar traction system; however, the claimant did not do any better and he was taken off that therapy. The DRX treatment is the main item in dispute here along with the recommended physical therapy that accompanies the use of the DRX system.

Requested Service(s)

97139 – Unlisted Therapeutic Procedure, 97016 – Vasopneumatic Devices, 97799 – Physical Medical Procedure, 99212 – Office Visit Level II, 99213 – Office Visit Level III for dates of service 1/13/04 – 1/27/04.

I was asked not to review the 99212 service provided on 1/13/04 which was a fee issue.

Decision

I agree with the carrier and find that the services in dispute were not medically necessary.

Rationale/Basis for Decision

The DRX traction system has produced some anecdotal results. In researching this specific device about a year ago, I contacted medical physicians in Sequin, Texas and Houston, Texas and they mostly had good things to say about the unit. The problem with the DRX system, and really all forms of traction systems, is that the few randomized clinical trial studies which have been done in the area of lumbar traction have not shown significant differences between those patients receiving traction and physical therapy and those receiving various forms of physical therapy alone without traction. This is according to the highly evidence based Official Disability

Guidelines Treatment in Workers' Compensation 2004 Edition pages 452 and 453. I am also unaware of any randomized clinical studies put forth by the makers of the DRX system showing how the DRX system is fundamentally better than other more traditional forms of lumbar traction including VAX-D. It is my understanding that the DRX system is slightly different than VAX-D; however, the overall consensus regarding the efficacy of lumbar traction is conflicting at very best. In this specific instance it was stated that the claimant had a "2 level disc posterior substance herniation at L4/5 and L5/S1. The substance contacts the thecal sac but does not indent" the thecal sac. There was no MRI report provided for review and the 1/9/04 daily chiropractic or treatment note revealed that the claimant had a 2mm posterior disc herniation. These types of statements about the MRI findings are fairly vague. There was really no mention of neurological stenosis. There was no information from the neurologist or neurosurgeon stating that the claimant was a definite surgical candidate. The claimant also complained of nonspecific bilateral leg numbness and weakness and these types of findings and complaints do not justify further physical therapy, let alone ongoing traction or the use of traction. The literature simply states that traction is no different than traditional physical therapy and the claimant has already undergone more than an adequate trial of physical therapy without benefit. In other words, the lumbar traction via the DRX system was really no different than the other forms of physical therapy when it comes to overall efficacy. In this case the attitude seems to have been that the claimant may be a surgical candidate so let's try this DRX system first to see what happens. In this case this would not be an adequate rationale for use of the system. The main problem is a lack of literature or studies to show why the DRX system is better or superior and is more efficacious than VAX-D or other forms of lumbar traction. The Official Disability Guidelines Treatment in Workers' Compensation also does not recommend VAX-D and VAX-D is not much different than the DRX system.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 10th day of March 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder